

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09393

1. Entity Name

WOODLANDS OF WINDERMERE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7306 WOODKNOT COURT  
P.O. BOX 616045  
ORLANDO FL 32861-6045  
US

7306 WOODKNOT COURT  
P.O. BOX 616045  
ORLANDO FL 32861-6045  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538868

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, DIANNE  
7326 FORRESTWOOD COURT  
ORLANDO FL 32835

Name

Barbara Pincus TD

Street Address (P.O. Box Number is Not Acceptable)

7217 Branch Tree Dr.

City

Orlando

FL

Zip Code

32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Barbara J Pincus

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

19 Mar 02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	7329 WOODBRIAR CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCGOWAN, JOHN	
STREET ADDRESS	4501 WOODLOT COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DIANNE	
STREET ADDRESS	7326 FORRESTWOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLUSH, TIM	
STREET ADDRESS	7361 WOODBRIAR COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Pincus	
STREET ADDRESS	7217 Branch Tree Dr.	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Mar 02

Date

(407) 306-1587

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90633 032 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)